

Case Number:	CM14-0124671		
Date Assigned:	08/11/2014	Date of Injury:	05/30/2002
Decision Date:	10/20/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and major depressive disorder reportedly associated with an industrial injury of May 30, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychotropic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 14, 2014, the claims administrator failed to approve a request for Nuvigil. The applicant's attorney subsequently appealed. In a progress note dated February 17, 2014, the applicant was given diagnosis of chronic low back pain status post earlier failed lumbar laminectomy, narcotic dependency, medication induced constipation, and depressive disorder. The applicant was apparently given refills of Nucynta, Oxyfast, senna, Zanaflex, Lidoderm, Wellbutrin, Nuvigil, and Remeron. It was stated that the applicant was using Nuvigil for "somnolence." It was not stated what the cause of the somnolence was. The applicant went on to receive psychotherapy at various points throughout 2014. On April 21, 2014, multiple medications were renewed, including Nuvigil, the drug at issue. Once again, the attending provider stated that Nuvigil was being employed for "somnolence."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nuvigil 150 mg tablet 60 per bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014: Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Nuvigil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Nuvigil, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Nuvigil is indicated to improve wakefulness in applicants with excessive sleepiness associated with obstructive sleep apnea/hypopnea syndrome, narcolepsy, and/or shift work disorder. In this case, the applicant does not appear to have a polysomnographically confirmed diagnosis of obstructive sleep apnea or narcolepsy. The applicant is seemingly not working, making a shift work disorder highly unlikely. Nuvigil, thus, is seemingly being employed for a non-FDA labeled purpose, namely to combat medication-induced somnolence. The attending provider did not, however, furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on such usage of Nuvigil. Therefore, the request is not medically necessary.